

## PLACE OF BIRTH

1. County of Pima  
 District of San Carlos  
 Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 149  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Rita Humbel Rebert  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 ) If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births.  
 4. Twin, triplet or other \_\_\_\_\_  
 5. No., in order of birth \_\_\_\_\_  
 6. Legitimate? yes  
 7. Date of birth 10 8 26  
 Month day year

8. FATHER  
 Full name Haller Rebert  
 9. Residence (Usual place of abode) San Carlos  
 If nonresident, give place and state Ariz  
 10. Color or race 1/4 Indian  
 11. Age at last birthday 23 (Years)  
 12. Birthplace (city or place) San Carlos  
 (State or country) Ariz  
 13. Occupation Cannery Laborer  
 Nature of industry \_\_\_\_\_

14. MOTHER  
 Full maiden name Mattie Dickens  
 15. Residence (Usual place of abode) San Carlos  
 If nonresident, give place and state Ariz  
 16. Color or race 1/4 Indian  
 17. Age at last birthday 19 (Years)  
 18. Birthplace (city or place) Fort McDowell  
 (State or country) Ariz  
 19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 1  
 (b) Born alive but now dead 0  
 (c) Stillborn 0  
 21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
 I hereby certify that I attended the birth of this child, who was born alive at 10:30 P. m. on the date above stated.  
 (Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Given name added from  
 a supplemental report \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Filed \_\_\_\_\_

19 \_\_\_\_\_

Month, day, year.

Registrar.

Filed \_\_\_\_\_

19 \_\_\_\_\_

Local Registrar.

County Registrar.

993-1008-442

In order of birth stated.